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LOS ANGELES,	CA 90067		Reynaldo F	. Gallar	do	(Depositor's name)	
				Min	1.	,	(Signature)
				January 15,	2010		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR /	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/611,315 06/30/2003			Hiromichi Yamada		83394,0008		4002
TITLE OF INVENTION COMPRESSED CODE DI	: MICRO CONTRO	LLER FOR DECOMI		MPRESSING VAR			
APPLN. TYPE	SMALL ENTITY)	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	TE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	. \$1510	\$300	\$0	\$0 \$18		01/19/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS				
GEIB, BENJAMIN P		2181	712-210000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Tee Address 'Indication (or "Fee Address" Indication form PTO/SB/12) or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent float page, list (1) the names of up to 3 registered patent attorneys or agents OR, afternatives, or agents OR, afternatives or agents of any or agent and the names of a up to 2 registered attorney or agent and the names of up to 2 registered attorney or agent and the names of up to 2 registered attorney or agent and the names of up to 2 registered attorney or agent and the names of up to 5 registered attorney or agent and the names of up to 5 registered attorney or agent and the names of up to 5 registered attorney or agent and the names of up to 5 registered attorney or agent and the names of up to 5 registered attorney or agent attorney or agent attorney or agent and the names of up to 5 registered attorney or agent attorney				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless as assignee is identified below, as assignee date will appear on the patent. If an assignee is identified below, the document has been filed for recordation at set forch in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
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Authorized Signature				DateJar	nuary 1	5, 2010	
Typed or printed name	Troy M. Schme			Registration .	No. <u>36</u>	,667	
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